FORM B FINANCIAL DISCLOSURE STATEMENT FOR New Members, Candidates, and New Employees	New Employees	LEGISLATIVE RESOURCE CENTER
Name: Tom Wells Daytime Telephone:		2019 MAY 30 PM 1: 31
New Member of or Candidate for State: FL X U.S. House of Representatives District: CD3 Check if Candidates - Date of Election:	if ment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to May 14, 2018	nuary 1, 2017	A \$200 penaity shall be assessed against any Individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period? E. Did you hold any reportable post period or in the current calendar years.	sportable positions during the reporting trained are of filing?	e reporting he date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes X No Sear up through the date of filing?	eportable agreement or arrangement with an he reporting period or in the current calendar ate of filing?	ngement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes No J. Did you receive compensation c iiability (more than \$10,000) at any point during the reporting period?	npensation of more than \$5,000 from arent year and two prior years?	000 from a Yes X No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWI	J ANSWER "YES"	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	OTH OF THESE Q	UESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	eed not be disciosed. Have	you excluded Yes No Z
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	child because they meet ail I	three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Tom Wells

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	consulting	World Radome Inc	John Hancock IRA		Examples: Simon & Schuster	Mega Corp Stock	in all interest-bearing accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every shancial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vecation homes (urbase there was rental income during the reporting period), and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an excepted investment Fund, please check the "EIF-box." If you ochoose, you may indicate that exist of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the Instruction booklet.	For all IRAs and other retirement plans (such as 401(4) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income which generated more than \$200 in unearmed income during the year.	Assets and/or Income Sources	BLOCK A
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			18		Indefinite		\$1,01415,000 CO		*Column M is for assets held by your spouse or depender child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."		
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							Spouse/DC Asset over \$1,000,000°	Ĭ				┪
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				Partnership Income	Royaties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		reporting			
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SCHEDULE A -- ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totalling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroli. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	^~~	Amount
1	7.1	
type	Current Year to Filing	Preceding Year
Honorarium	\$0	\$500
Salary Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Spouse Salary	N/A	WA
Salary	\$131,000	\$40,000 (2016)
	Honorarium Salary Spouse Speech Spouse Salary Salary	Honorarium \$0 Salary \$20,000 Solary \$131,000 \$131,000

SCHEDULE D - LIABILITIES

Name: Tom Wells Page 5 of 7

(unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence

						25			Amount	Amount of Lia	Amount of Liability	Amount of Liability	Amount of Liability
SP, DC, JT		Creditor	Date Liability Incurred MO/YR	Type of Liability		19,001 195,001	\$15,001- \$50,000	\$15,001- \$50,000 @	\$15,001- \$50,000 B	\$15,001- \$50,000 \$50,001- \$100,001- \$250,000 \$500,001- \$1,000,000	\$15,001- \$50,001- \$100,001- \$250,000 \$100,001- \$250,000 \$500,001- \$1,000,000	\$15,001- \$50,000 \$250,001- \$100,000 \$100,001- \$250,0001- \$1,000,000 \$1,000,000 \$5,000,001- \$5,000,001- \$25,000,001- \$25,000,001- \$25,000,000	\$15,001- \$50,001- \$50,001- \$100,001- \$250,000 \$5500,001- \$1,000,000
	Example	First Bank of Wilmington, DE	5/16	Mortgage on Rental Property, Dover, DE	m	E	E	E X	111	111	111	111	111
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
President, sole owner (since 2006)	World Radomes Inc. (a Gainesville, FL based S-Corp)

SCHEDULE F - AGREEMENTS

Name: Tom Wells Page 6 of 7

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

Date	Parties to Agreement	Terms of Agreement
	NA	
-		

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Customer name withheld per confidentiality agreement	Microwave measurements & analyses contracted though World Radomes Inc. [Net Income as reported on Schedule C. Gross receipts: 2015, \$62,000; 2016, \$93,000;
connucinality agreement	

FILER NOTES (Optional) Name: Tom Wells

							NOTE NUMBER
						NA	
						4	NOTES